COURAGE GROUP

Treating Sexual Trauma Among Veterans in Outpatient Group Psychotherapy

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COURAGE GROUP
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INTRODUCTION

The Courage Group was originally designed in 1995 by Dana Foley, Ph.D. and Michelle Sherman, Ph.D. Dr. Foley has continued to conduct the group regularly since 1995 and refined the process as needed. The group is a 12-week outpatient therapy group for veterans who have experienced sexual trauma. Patients are seen in male and female cohorts separately. Patients may have a history of childhood sexual abuse and/or sexual assault in adulthood, including military sexual trauma. Many patients have a history of both. Group therapy is a powerful treatment for sexual trauma, as patients have the opportunity to become more visible about their history of trauma and to identify with others who have had similar experiences. It allows them the opportunity to help others by sharing their own painful experiences, as well as learn more about themselves through the information shared by others.

It is estimated that 52 million people in the U.S. are survivors of sexual abuse, 40 million of these are incest survivors (perpetrator is a family member). It is estimated that 20% to 25% of the female population has been sexually assaulted or raped. The estimates for the male population are approximately 10%. In a Veteran's Affairs (VA) study in 2002, it was found that 1.7 million VA patients experienced sexual assault while on active duty, with 22% of the women and 1% of the men being sexually assaulted. However, some estimates are as high as 41% of female veterans having experienced sexual assault on active duty.

In 1991, the VA began giving special attention to the issue of sexual trauma in the veteran population. Since that time, resources have been allocated for gathering data on the incidence of military sexual trauma and treating sexual trauma both in the VA medical centers and the Vet Centers.

There are several diagnostic considerations in sexual trauma survivors. The most common Diagnostic and Statistical Manual of Mental Disorder, Fourth Edition, Text Revision (DSM-IV-TR) diagnosis that results from sexual assault is Post-Traumatic Stress Disorder (PTSD). Males are more likely to be exposed to all forms of trauma, but females are more likely to develop PTSD, even when exposed to the same trauma. Many survivors of sexual trauma experience symptoms of PTSD, even if they do not meet full criteria for diagnosis. Sexual trauma survivors also have a high rate of depression throughout their lifetime.

Sexual trauma can be treated in many ways. There is a place for both group and individual treatment. Early on in treatment, a survivor may have excessive fear of being in a group and discussing the trauma. Beginning them in an individual setting may be helpful to let them acclimate to talking about the trauma. Prolonged Exposure Therapy and Cognitive Processing Therapy are highly effective in an individual setting. Group therapy, however, offers many benefits that individual therapy can not provide. There is a sense of belonging, a sense that they are not alone or crazy because other people have had similar experiences and effects. Group therapy also offers survivors the opportunity to learn more about themselves even when they cannot talk about it because someone else in group is talking about similar experiences. Group therapy also allows survivors to begin the healing process by being vocal and visual in their recounting what they experienced. Survivors can help each other in their recovery process, thus helping themselves.

The group utilizes many different techniques. It begins with an introduction to sexual trauma and its impact on survivors' lives. This utilizes resources in the literature that normalize the challenges survivors commonly cope with and also instills hope. The group also utilizes the *Emotion Regulation Training* handouts from Marsha Linehan's *Skills Training Manual for Treating Borderline Personality Disorder*. Imaginal exposure, which is strongly supported in the literature as an effective avenue in treating sexual trauma, is also used in these groups. Finally, an experiential component is utilized to address self esteem and trust.

This manual outlines the structure of the group as well as suggested activities and handouts. Each cohort group is tailored to the current participants and their stated goals for the group. The manual is divided into sections based on topics that are common problem areas for survivors of sexual assault. Each topic has educational information, in-session activities as well as suggested homework or readings. In each group and in each session, providers make decisions about relevant topics and activities or assignments they would like to utilize.

HOW TO USE THIS WORKBOOK

This workbook is designed for therapists to use when conducting an outpatient sexual trauma group. It includes background information and suggestions on topics and activities that can be utilized in and out of therapy sessions. These are rough guidelines for ways to run the group, but should be adapted by the therapist for each group.

Sample schedule for 12-week group

Week 1:	Introduction, define group guidelines, set group goals, begin defining sexual trauma and its effects.
Week 2:	Continue defining sexual trauma and effects
Week 3:	Coping with strong emotions
Week 4:	Dealing with depression and anxiety
Week 5:	Dealing with anger
Week 6:	Self esteem, boundaries and assertiveness
Week 7-10:	Sharing trauma stories
Week 11:	Experiential learning
Week 12:	Celebration, relapse prevention and saying goodbye

Where should the group meet?

Ideally, the group should meet in a small group room. Typically the group has four to eight members. More than eight group members makes it difficult to complete the goals and assignments in 12 weeks. Fewer than four members makes it difficult to fully cultivate a group experience. The room should be large enough to accommodate everyone comfortably, but small enough to make it an intimate setting. Group leaders should have a chalkboard, dry erase board or large easel paper available for use during brainstorming and teaching new skills.

How do I code the group?

Within the VA system, the procedure code (CPT) for group therapy is 90853. There is a stop code specifically designated to capture workload related to sexual trauma treatment, and therefore the group should be assigned the appropriate sexual trauma stop code of 524. If the patient has a history of Military Sexual Trauma (MST) that should be designated on the encounter if the treatment is related to MST.

In-Session Activities and Homework Assignments

In each topic area there are suggestions for "In-Session Activities" and "Homework Assignments." Many of the handouts in session come from *Skills Training Manual for Treating Borderline Personality Disorder* (Linehan, 1993). This is a list of activities and homework that has been useful in previous groups. The list has more activities and homework listed than can be completed in the group so the group leader can select which activities and homework assignments are appropriate for their group. This list is *not* exhaustive, and group leaders may

have other appropriate activities or homework they would like to utilize. Again, these are only suggestions and should be selected by the group leader as needed.

Readings

This group has traditionally utilized readings from the *Courage To Heal Workbook* (Davis, L. 1990). Assigned readings from that workbook will be included in the list of suggested homework, but many other books and workbooks are available for use.

Group Telephone List

Ideally the group will begin to function as support for each member. It is helpful to facilitate sharing telephone numbers by passing around a sheet of paper to share telephone numbers if group members wish. You can then make copies to pass out to all group members. It is important to emphasize that group members do not have to put their phone number on the list, but that all group members will receive a copy (not just those who shared their numbers). The list can be re-circulated as well in later group sessions and is typically circulated initially in the second or third group. Group members are not usually comfortable enough in the first session to share their telephone number, but as group becomes more cohesive and safe for the members, they may want to be able to contact each other between sessions. However, it is *very* important that this be voluntary.

INITIAL SESSION AND STRUCTURE OF GROUP INFORMATION

MATERIALS NEEDED

Dry erase/chalkboard/large easel paper
Name tags

SESSION CONTENT

Words throughout the remainder of the manual which are typed in bold are to be verbalized by the group facilitator.

Defining Group Format

It is important to define the structure and boundaries of the group in the very first group session. This structure provides the guidelines for the patients and the therapists, as well as setting the tone for future sessions. Our group format was presented as follows (see handout in the handout section):

1) The group will meet for 12 weeks for 2 hours each week. Regular group attendance is really important, both for you to get as much out of the group as possible, and for the group as a whole. You will learn from each other and begin to depend on and care about one another. When a member is missing, it is noticeable and felt by all the group members. If you must miss a session it is important to notify the group leader.

2) The group is structured. Each session begins with a brief check-in (see below), followed by information discussed, some exercises or activities, brief positive sharing (see below) and then regular homework assignments.

3) In each session we will encourage participation and sharing, but will always respect your choice regarding participation. You will get more out of your group experience if you are able to share and participate more, but you will never be required to do so.

4) There will be a 10-minute break in group each week. The time of the break will be flexible and determined by the natural breaks in discussion.

5) Many group members are also in therapy with one of the group leaders or with another staff member at this clinic. If you are in a crisis, contact your individual therapist. If you do not have an individual therapist, you may contact one of the group leaders, but we expect minimal contact with the group leaders between sessions.

Group Guidelines (see Handout Section for patient copy)

These are discussed explicitly from the handout, and group members are offered the

opportunity to add any guidelines they feel are appropriate to create a sense of trust and safety in the group setting. Confidentiality issues should be highlighted.

Let's take a few minutes to go over the group guidelines. (Give each member a copy of the guidelines and read through each one, explaining as necessary.) **Do you have any questions about these guidelines? Are there any other guidelines you would like to add?**

Brief Check-In:

Each week the group members may have had experiences that are important to defuse at the beginning of the group session so they can then focus on the information presented and discussed each week. Since there are often many group members, each member is limited to no more than 5 minutes for check-in. There is a variety of information typically discussed in check-in. Some members have issues with information presented during the previous group, or that occurred in the current group, or issues with the homework. Other times, group members may have had a significant event in the intervening week that they want to discuss before being able to move on to the new information. Members are not required to use their 5 minutes, but if they choose the "check in," they should not be allowed to go over the 5 minutes except in rare circumstances.

We will start group each week with a "check in" for each member. This gives each person the chance to talk about any issue that they feel is pressing on their mind. This information may be about the previous group session, the homework, or anything that happened to you during the week that you need to talk about before we focus on group goals for the day. Each member will have up to 5 minutes, but you do not have to use all of the 5 minutes. Think about it, if every member spent more than 5 minutes sharing, we wouldn't have much time to focus on the group goals for the day, so please be respectful of the time allowed. If you don't have anything to share during your time, it's fine to say that you're okay and have nothing to share.

Sharing of One Positive Thing:

Sexual trauma victims focus so much on negative issues, both self attributes and negative input from the environment. This section of the group session was designed to help group members begin to see something positive coming from the environment and describing it. In the first group session, this portion is modeled by the group leaders for each member, but in all subsequent sessions the group members do it themselves. In session number one, each group leader will go around the room to each group member and give each of them at least one piece of positive feedback. This feedback could be about how they participated in group, what they brought to the group, or any other positive attribute specific to the group member. In subsequent sessions, each group member will turn to the member on their right/left and give one piece of positive feedback specific to that group member. During the weeks where the group sessions focus on sharing trauma stories, positive feedback changes somewhat. In those groups, each group member and group leader will give positive feedback to the group member/members who shared their story on that day.

Each group will end with positive feedback. Today, in the initial session, I will provide the positive feedback for each member. After today, it will be your job to provide the feedback. On those days we'll go around the room, and you will share one positive thing about the person on your right or left, whichever we are doing that week. This positive thing can be something you noticed about them today, how they participated in group, or something you appreciate about them. Again, I will do it today to give you some examples of how to do this.

Setting Group Goals:

In the first session after the introductions, it is important to define what this group wants to gain from their group experience. It is a time to brainstorm what everyone wants to address or learn during the 12-week group. The goal is to help each group define goals, which fit the needs specific to their group members.

What is it that you would like to personally gain from this group? What symptoms are you experiencing that you want to change? How do you want to be different when you complete this journey?

Brainstorm and write the goals on a board or easel for future reference.

I want everyone to know what to expect in this group. When we reach the sessions for "telling your story", I want participants to know that this is a "challenge by choice" opportunity. You can choose whether you would like to share your story or not. If you choose not to tell your story, you may not get full benefit from the treatment program. You get out of the group what you put into the group, the more effort you put in and the more you participate in activities, you can maximize your own benefit from the group. (You as group leader will want to remind them of this idea as you go, to prepare them for the sessions on storytelling and their participation.)

In the final session of the group, we will celebrate and say goodbye. Most groups exchange a small token with each other to remember the group. This does not need to be an item you purchase, and if you do purchase something it should not exceed $5.00. This token should be something you want to share with your fellow members, or something to help them remember this experience. (You will want to remind the participants of this periodically throughout the group sessions, and particularly before the last session.)

Items exchanged in the group have included: home made craft items, recorded relaxing music, sea shells, books of encouragement, etc. As group leader I purchase a small item for every member that is exactly the same, and I write a small note to each participant about their journey in the group.

SUMMARY LIST OF SUGGESTED TOPICS FOR 12-WEEK GROUP

A. Defining Sexual Trauma and Treatment

B. Effects of Sexual Trauma

C. Not Their Fault

D. Coping with Strong Emotions

E. Anger

F. Self Esteem

G. Trust

H. Relationships and Intimacy

I. Breaking the Silence

J. Confrontations and Forgiveness

K. Assertiveness and Boundaries

L. Experiential Learning

A. DEFINING SEXUAL TRAUMA AND TREATMENT

GOALS

In this section, participants will learn:

- The nature and breadth of sexual trauma
- The treatment course they will complete
- Rationale for treatment
- Positive impact of treatment
- Potential negative side effects of treatment

MATERIALS NEEDED

Dry erase/chalkboard/large easel paper
Name tags

SESSION CONTENT

First, we're going to talk about what sexual trauma is, who the perpetrators are and who the victims are likely to be. Please feel free to ask questions or make comments.

Group facilitator should define sexual trauma, the act, the perpetrators and the victims by sharing the following information:

- Sexual Assault/Abuse is defined as any sort of sexual activity between two or more people in which one of the people is involved against his/her will (National Center on PTSD).
- Sexual Assault/Abuse typically occurs between a person with more power and a person with less power. This can occur between two adults, an adult and a child, or an older child and a younger child.
- Most perpetrators are male (86%) but can be female (National Center for PTSD).
- 76% of adult females are attacked by a husband, partner, friend or date.
- Strangers commit about 18% of all assaults.
- Survivors often blame themselves for the assault/abuse; they think that there was something about them or they behaved in some way to make this happen. It is important to understand that the problem lies within the perpetrator. Perpetrators often put a great deal of energy into finding the right time, place and victim, and then wait patiently for the opportunity to arise. Many perpetrators create an opportunity and use the trusting nature of the victim.
- It is estimated that 52 million people in the USA are survivors of sexual abuse.
- Forty million of these are incest survivors (perpetrator is a family member).
- Most research suggests that in the female population, approximately 20% to 25% have been sexually assaulted or raped.
- In the male population, it is estimated that 10% have been sexually assaulted or raped.

- In a VA study in 2002, 1.7 million VA patients experienced sexual assault while on active duty in the military.
    - 22% of women in the military were sexually assaulted
    - 1% of the men in the military were sexually assaulted.

What are your thoughts, reactions or feelings about what we've just discussed?

Next, the Group facilitator should describe the treatment course and rationale for treating sexual trauma:

Sexual trauma can be treated in many ways, let's briefly discuss the different ways it is commonly treated and why.

- Group therapy–this treatment mode offers many benefits that individual therapy cannot provide. In group therapy, participants discover:
    - A sense of belonging.
    - They are not alone.
    - They are not "crazy" because others have similar thoughts and feelings.
    - Even if they don't discuss their own issues, patients can benefit and learn by listening to others.
    - A place to be visible and vocal about what happened.
    - They benefit by helping others in group.

How does it feel being in a group with other sexual trauma victims?

Discuss

- Individual therapy
    - Early in treatment, survivors may have excessive fear of being in a group and discussing the trauma: individual therapy may be helpful in acclimating to talking about the trauma
    - Prolonged imaginal exposure therapy is a very effective form of individual therapy for rape trauma, for more information see "Treating the Trauma of Rape" by Edna Foa and Barbara Rothbaum (1998)
    - Cognitive Processing Therapy is also a very effective form of individual therapy for rape trauma, for more information see *Cognitive Processing Therapy for Rape Victims* by Patricia Resick and Monica Schnicke (1996)

Do you have any experiences with individual therapy? If so, how did you respond to that treatment mode?

Discuss

- Exposure Therapy - Strongly supported in the literature as an effective treatment for trauma, again see *Treating the Trauma of Rape* by Edna Foa and Barbara Rothbaum

(1998) or "Effective Treatments for PTSD" edited by Edna Foa, Terence Keane and Matthew Friedman (2000).

- Cognitive Processing Therapy - Strongly supported in the literature as an effective treatment for trauma, again see *Cognitive Processing Therapy for Rape Victims: A Treatment Manual* by Paticia Resick and Monica Schnicke (1996) .

What are your responses to the idea that we are going to talk very openly and directly about what happened to you? Do you think you'll be able to do this?

Discuss

- Rationale for treatment
    - Survivors spend a great deal of time and effort avoiding dealing with or numbing the effects of the trauma. This treatment program focuses on the trauma and the impact of the trauma in the survivor's life.
    - Previous efforts to avoid dealing with the trauma or numbing the effects of the trauma have not been successful in resolving problems.
    - Silence or secrecy is often the vehicle that keeps the abuse/assault going, or keeps the effects of the abuse/assault alive for the victim. Beginning to speak out about what happened can be very powerful and can break this chain.

What efforts have you made to deal with the effects of the trauma? Have those efforts helped?

Discuss

- Positive impact of treatment
    - Dealing directly with the effects of the trauma reduces the impact of the trauma over time.
    - The trauma is no longer a "secret" or something to hide.
    - The survivor can make conscious choices about their lives as opposed to allowing the effects of the trauma to guide and direct their choices.
    - Avoiding dealing with the trauma exacerbates and prolongs the problem.

Can you imagine what your life would be like if you were able to make decisions and choices based on what you want and not what the trauma directs you to do? What would that be like for you? How would you be different if the trauma no longer defined who you are and what you do?

Discuss

- Potential negative side effects of treatment
    - There will be a natural increase in arousal and anxiety in the beginning of treatment as we begin to face the issues of sexual trauma directly and as we try to

not avoid or numb the effects. These increased symptoms will naturally decrease over time.

How do you feel about facing an increase in symptoms for a short time?
Are you willing to endure some short term increase in discomfort if you know it will decrease your overall discomfort in the long run?

Discuss

IN-SESSION ACTIVITIES

Play the "Name Game" to help members learn each other's names and more about themselves.

Let's play the "Name Game." It's very simple and helps us get to know each other a little better. First, think of an adjective that describes yourself and starts with the same letter as your first name. For instance, one might be Daring Diann, or Wacky Wilma. See how that works? The first person will say their name, the second person will repeat the first persons name and then say their own name. The third person will repeat the first two and then say their own. I'll go last so I have the hardest part! Let's start.

HOMEWORK

Courage to Heal Workbook

"Introduction"	pages 1-7
"About the Exercises in This Book"	pages 9-13
"Creating Safety"	pages 17-34
"Building Your Support System"	pages 35-63

B. EFFECTS OF SEXUAL TRAUMA

GOALS

In this section, participants will learn to:

- The impact of sexual trauma on their lives and daily functioning
- The most common issues that survivors face

MATERIALS NEEDED

Dry erase/chalkboard/large easel pad

SESSION CONTENT

Now we're going to talk about how sexual trauma impacts survivors in their lives and daily functioning. There are many ways that survivors react to the trauma, and many ways the trauma expresses itself in their daily functioning.

- Sexual assault/abuse can impact virtually every aspect of the survivor's life and daily functioning. For the most common reactions, use the handout "Common Reactions to Assault" from Foa and Rothbaum, 1998, on pages 128-129, or create one from this document.

What types of reactions have you had to the trauma? How does it feel to look at this list and know that many others have the same reactions?

Now let's talk about the most common issues survivors deal with on a daily basis. Please feel free to ask questions or discuss any of these topics as I go through them.

- The most common issues that survivors deal with:
  - Depression–this may be the most prevalent issue for survivors and is often the issue that brings them in for treatment initially.
  - Suicidal Feelings–Most survivors have considered suicide at some point in their life. Suicide is seen as a way to escape the suffering. It is helpful to differentiate the use of suicidal thoughts as an escape and taking action to complete a suicide. Almost all survivors think about suicide, and this offers them some sense of relief by thinking that they have some way to escape if needed.

    (**IMPORTANT NOTE**: It is very important to formally assess the risk of suicide with survivors: their history of trauma, level of depression, low self esteem, feelings of isolation, concomitant substance abuse and impulsivity. These factors being present can result in a high risk for suicidal gestures or behaviors. This should be consistently assessed throughout the group.)

- Anger–Survivors commonly feel anger not only at the perpetrator but also towards themselves for not stopping the assaults.
- Anxiety–Since PTSD is a diagnosis within the anxiety disorders, response to trauma commonly includes many symptoms of anxiety including generalized anxiety and panic attacks.
- Guilt–Survivors commonly carry excessive guilt about their role in the assault, either for not stopping it or letting it happen.
- Grief and Loss–Particularly with childhood sexual assault, but also with assault as an adult, there is a need to grieve what was lost: the childhood innocence, a life trajectory that is changed, etc.
- Sense of Helplessness–Survivors dealt with a very real sense of helplessness in not being able to protect themselves from this devastating event, and commonly respond to this in either exaggerated direction of attempting to over control their lives and others or feeling that they can't control anything including themselves.
- Psychosomatic Illnesses–Sexual assault is an overwhelming experience that can commonly be converted to physical symptoms and illnesses, including chronic pain, gastrointestinal problems, gynecological problems, weight changes, chronic fatigue, diabetes, hypertension and heart disease. It is difficult to assess the origin of the medical illnesses, but this is a list of medical conditions commonly seen in sexual trauma survivors.
- Dissociation/Numbing–This is a common defense used during the abuse/assault, commonly by children, to defend against the overwhelming trauma. This allows them to escape at least emotionally when they cannot physically escape the situation. Dissociation is the attempt to avoid the cognitive or emotional impact of the trauma. Dissociation can occur in many ways.
    - Some survivors talk about leaving their bodies during the abuse/assault and even observing their body from somewhere else in the room.
    - Some survivors have memory loss surrounding and during the abuse/assault.
    - Some survivors recall the event in more of a dream-like state rather than an actual event in their lives.
    - Some survivors detach themselves emotionally from the event.
    - Some survivors describe flashbacks, including body memories of the abuse/assault.
    - Numbing occurs when the survivor cannot shut down the emotional and cognitive impact of the event so they become "numb" to the event, or shut off the emotional and cognitive reactions.
- Self-Destructive Behaviors
    - Substance Abuse–Survivors commonly use alcohol or drugs in an attempt to self-medicate or to numb themselves out.
    - Dangerous Behaviors–Survivors often engage in behaviors that put themselves at further risk. This often happens because they want to feel something again or to place themselves in danger and occurs because of low self esteem or lack of trusting their own instincts.

- Eating Disorders
  - Many survivors develop eating disorders to help defend against the event, or give them a sense of control over the event. They may overeat and become very overweight, attempting to make themselves unattractive to the opposite sex and reducing the sexual attention they might receive. Some victims stop eating and develop anorexia, thereby making themselves so thin that they become androgynous or asexual, again reducing the sexual attention they might receive. Survivors may also develop bulimia. These eating disorders can reflect the low self esteem of the survivors.
- Relationship Problems
- Difficulty with trust

Have you had to face these issues in your life? Which ones? How do they impact your daily life and quality of life?

Discuss

HANDOUTS

Common Reactions to Assault (*Treating the Trauma of Rape*, pages 128-129)

HOMEWORK

Courage to Heal Workbook:

"The Effects: How did it Change My Life" pages 123-143
"Coping: How Did I Survive" pages 144-163

C. NOT THEIR FAULT

GOALS

In this section, participants will *begin* to accept or entertain the idea that the trauma was not their fault. To do so, they need to understand that:

- Most survivors feel this way.
- The perpetrators wanted them to feel this way and acted in ways to shift the blame to them.
- Their families may not have had the functional ability to support them.
- They may intellectually know it wasn't their fault but this needs to translate to an emotional belief that it wasn't their fault.

MATERIALS

Dry erase/chalkboard/large easel paper

SESSION CONTENT

Many sexual trauma survivors believe that the abuse/assault was somehow their fault. They believe that their behavior either initiated the attack or that they deserved it because they are bad in some way. Have you ever thought that?

Discuss

Role of the Perpetrator

- It is very important that the survivors understand that the abuse/assault was not their responsibility, but the responsibility of the perpetrator. It is helpful at times to explain some of the qualities of the perpetrators, and that the abuse/assault is most often a planned event.
    - Perpetrators often seek out victims who they know are vulnerable.
    - Perpetrators, particularly with children, proceed in a very thoughtful manner to develop a trusting relationship with the victim that they can later use to exploit them.
    - Perpetrators create opportunities or initiate contact for the abuse/assault to occur– it is not a random event, but a purposeful, thoughtful event on the part of the perpetrator.
    - Perpetrators use their power to hurt others, and sexual assault is more about power than sex.

This belief that it is the victim's fault is often supported or confirmed within the environment. Perpetrators typically tell the victim it is their fault. What did your perpetrator tell you?

Discuss

Many of the survivors come from dysfunctional homes, and when they try to speak out, they are often blamed for the abuse/assault by the very people they turn to for help. This further confirms to them that they are bad or it was their fault. Were you able to turn to your family? What was their response?

Discuss

Intellectual Versus Emotional Understanding

- Many survivors can intellectually understand that the abuse/assault was not their fault, but this does not necessarily translate to accepting that on an emotional level. Particularly with childhood sexual abuse, survivors can benefit by focusing on themselves as the child that the abuse happened to, and trying to comfort that part of themselves.

How old were you when the abuse/assault occurred? Do you have a picture of yourself at that age? Would you be willing to share that picture with the group?

Discuss. Encourage the survivors to put out a picture of themselves at that age so they can see it on a regular basis, and even find a way to honor that person/child.

HOMEWORK

Find a picture of yourself at the age you were assaulted/abused and put it in a visible place so you can see it daily.

Courage to Heal Workbook:
"Understanding That it Wasn't Your Fault" pages 256-273

D. COPING WITH STRONG EMOTIONS (ANXIETY & DEPRESSION)

GOALS

In this section, participants will learn to:

- Define the wide variety of emotions sexual trauma survivors' experience.
- Understand why we have emotions.
- Recognize there are positive intents to emotions.
- Explore ways to change your emotional experience.
- Recognize what coping skills, adaptive or maladaptive they have used to survive.
- Explore what more adaptive coping skills they might be able to utilize.

This is a very long section, and a very important one. Sometimes this section has to be split across two groups.

MATERIALS NEEDED

Dry erase/chalkboard/large easel pad
5-6 small balls

SESSION CONTENT

Group Juggle

For this game you will need 5-6 small balls and everyone will need to be standing in a circle. Do not have more balls than people-6 balls is typically plenty to play the game.

Let's start this section by playing a little game called Group Juggle. You see I have a ball here. I'm going to call the name of the person I plan to toss it to, and then I will toss it to them. They will then select someone else to toss it to, call their name and then toss it to them. This will continue until all members have had the ball once, and the final person will toss it back to me. The goal is to do this the best we can as a group. Any questions?

Play first round with one ball as directed above.

How was that? Did we do a good job? Anything we need to improve on? Let's go through it one more time with the same pattern to be sure we have it down.

Repeat the game using the same pattern to toss the ball.

How was that? Did we get better? Look, I have another ball. Now we're going to try it with two balls, not at the same time but sequentially, in the same pattern. So I will toss the

first ball, once that has gotten to the next person I will start the second ball. Pay attention, this could get interesting!

Repeat using two balls.

How was that? A little more challenging, huh? Look, I have another ball, let's add that to the mix! Ready? Remember, keep the same pattern.

Repeat using three balls. Continue this until all balls have been used in a round. After the final round ask:

Did we do a good job? Are you satisfied with the group performance or do you think we can do better? Do you want to try again?

If they want to try again, do so, otherwise sit down to process the game.

What was that like? What did we have to do to be successful in this game?

Most common answers are:

It was chaotic, you had to pay attention, focus, throw and catch well, look at the person you are throwing it to, not watch the other balls in the air, just pay attention to your incoming and outgoing ball, etc.

What happened if you watched all the balls in the air?

Most common answers are:

You'd get hit with the next ball, you couldn't do your part, etc.

Does life ever feel like this? All the balls flying in the air at once? So what did we learn from this game that we might be able to apply to our lives when things get chaotic?

Most common answers are:

Focus, do one thing at a time, don't focus on other peoples' tasks or performance-just watch your own, finish one thing before you start another, etc.

Emotions can also feel like this can't they? When all the balls were flying through the air it was very overwhelming if you looked at all of them at the same time, but if you just watched the next one coming for you, it was much easier. Emotions often feel overwhelming. Let's learn more about emotions.

<u>Education About Emotions</u>

There are several ways to work on education about emotions. See attached handouts that you can use to go over emotions–Emotion Faces Handout and Myths About Emotions from *Courage to Heal Workbook.*

Let's look at the "Emotion Faces" handout. Wow, there are really a lot of emotions aren't there? This isn't even a complete list! Did you know there was such a wide range of emotions? Which emotions on this handout are most familiar to you? Which ones are foreign?

Now, let's look at the "Myths About Emotions" handout. Emotion Regulation Handout #2 (Linehan, 1993)**. We'll go through these together. The first one says "There is a right way to feel in every situation"–is that true or false? These are myths so it is false. Tell me what the challenge to that statement might be?** (This could also be given as homework if time does not permit this in class.)

Go through as many as you have time for and discuss the challenge statement to each.

<u>Purpose and Origin of Emotions</u>

Some emotions are pleasant and some are very uncomfortable, why do you suppose we have emotions? We have pain receptors in our skin, and when they are activated that hurts, doesn't it? So would we want to get rid of our pain receptors? Have them all removed? If we did and then we put our hand on a hot stove, what would happen? Our hand would be burned off, wouldn't it! That's not a very good outcome. Maybe those pain receptors were serving a function. What function do they serve?

Common answers:
To let us know when we are getting hurt, they are an alert or an alarm, etc.

Our emotions at times are very much like those pain receptors, aren't they? Negative emotions are the early warning signals that something is not right-they let us know that we need to do something different. Emotions also help us to communicate quickly and efficiently with others. So what other things do emotions do for us? Let's go over the handout "What Good Are Emotions" now.

Go over and discuss, "What Good Are Emotions," Emotion Regulation Handout #5 (Linehan, 1993), use to discuss the purpose of emotions further.

It is important to remember that an emotion is not an action. For instance, sexual trauma survivors often feel really angry and want to hurt someone, but feeling angry is not the same as attacking someone is it? Many people get this issue confused-they think that because they think it or feel it that they must act on it. But there are countless times we think or feel something and do not act on it. It's very common for survivors to think about killing themselves or feel so depressed they want to die, but again these are thoughts and feelings only, they are not the action. This is an important distinction, particularly in this group, because it is important to talk about your feelings of sadness and anger and to be able to fully express those feelings in a safe environment, without having to fear being locked up for what you feel or think. As long as we are talking about thoughts and feelings, that is good. However, if someone is beginning to take action on those thoughts or feelings, such as planning a way to kill themselves and getting access to the plan, then I will have to

intervene to keep you safe. Do you have any questions about that? This is really an important distinction.

Recognizing and Being Mindful of Thoughts and Emotions

It is helpful to discuss this at a board and write these points out on the erase board or easel paper.

Let's talk about how emotional reactions begin for us. Many people use the term "they made me feel" or "they pushed my buttons." If we believe that other people can "make" us feel something, who is in control? If someone can "push your button" and you respond, who is in control? That would be really scary to think that others could really make us do something, right? The truth is that we are in control of our thoughts, emotions and reactions. This is actually good news! Life gives us a lot of "invitations" to feel a certain way or think a certain thing, but we have the final decision about how we think or feel. Let's go through some examples. Does anyone have a recent situation they'd be willing to share to highlight this?

(If someone offers a situation, use theirs as it will be more meaningful. If they don't, you can use something like a traffic example to graph on the thought record. Sometimes you may have to do a traffic example too because the real life ones can be less clear cut!)

Let's use this thought record to record the information (handout section)**. For instance, let's say that I was driving to work this morning and someone cut me off in traffic. Date/Time is easy, that's today's date and the time it occurred. Situation column is easy too, that's "just the facts ma'am," state what occurred only: "I was cut off in traffic on the highway and had to slam on my brakes." The next column is Automatic Thoughts, these are the very quick, automatic things you say to yourself in your head or sometimes aloud when the event happens. What might I have said to myself when I was cut off in traffic?**

Wait for them to respond and give the answers, you can add in as well but be sure they generate most of the answers here.

Very good. Now if I say those things to myself in my head, how will I feel? What emotion will I have and how strong do you think it will be?

Again, wait for the participants to give the answers here.

That's good! Now, I've had those thoughts, and I'm feeling like this, and what will the outcome be, or what could it be?

Wait for their responses here.

Wow, that one experience could really impact my day, maybe even the whole day! I got really upset over that single incident. If I didn't want to let it get to me like that, what could I say to myself differently, instead of those automatic thoughts, what might be more calm or rational?

Wait for their responses here.

Okay, now if I said those things to myself instead of the automatic thoughts, how do you think I would feel?

Wait for their responses here.

And then what might the outcome be?

Wait for their responses here.

That's pretty amazing isn't it? Just by changing what I said to myself in my head, by altering the automatic thought to a calmer, rational thought, I had a completely different emotional experience and outcome! I'd like for you to take these thought records home with that example, and complete some on your own from your experiences this week.

Now let's talk about being mindful of our emotions. We'll look at the handout "Letting Go of Emotional Suffering: Mindfulness of Your Current Emotion."

Go over and discuss, "Letting Go of Emotional Suffering: Mindfulness of Your Current Emotion", Emotional Regulation Handout #9 (Linehan, 1993). Be sure to focus on the four topic areas of Observing the Emotion, Experiencing the Emotion, Remembering You Are Not Your Emotions and Practice Loving/Accepting Your Emotion.

<u>Changing Your Emotional Experience</u>

From the thought record we discussed, you can see that you can actually change your emotion by changing your automatic thoughts. Instead of thinking the "hot thought" or automatic thought, you can actually reason your way to a "cool thought" and a more rational response. By doing this, you will actually change your emotional experience. Can you think of examples of this in your own life?

Take some time for members to share some of their own experiences with this.

There is another way to change your emotional experience. We have some instinctual responses to emotions. For instance, when we are afraid of something, we avoid it; when we are sad, we withdraw. These are just a few examples. The problem is that some of the very things we do in response to our emotional state actually make the emotional state worse for us. If you are sad and you withdraw from others, you will have more time to think about it, have less opportunity to get information that might change how you feel, and you may feel more alone. These experiences will cause the depression and sadness to actually get worse. If you are afraid of something and you avoid doing it, you reinforce the idea that it is unsafe or you can't do it, and you don't allow yourself the experience of overcoming the fear and doing it successfully. One good strategy when dealing with uncomfortable emotions is to act contrary to what your emotions are telling you to do.

Let's look at the handout "Changing Emotions by Acting Opposite to the Current Emotion"; this will help give some examples and ideas on how to do this.

Go over and discuss "Changing Emotions by Acting Opposite to the Current Emotion," Emotion Regulation Handout #10 (Linehan, 1993).

For most people who experience depression or anxiety, there are some common "cognitive distortions", or defective patterns of thinking. Let's explore the most common "cognitive distortions." I'll talk about them, and you can refer to the handout. Feel free to ask questions or make comments and observations as we go through them. Examples of the distorted thinking patterns often help us to understand them better. (Give each participant a copy of the handout.)

- **<u>All or Nothing Thinking</u> – We often think that things are "black or white," right or wrong," "good or bad." We believe that things are "either/or" as opposed to realizing the full spectrum of reality. There are virtually no situations that are truly black and white–can you think of any? There are even times when it is the right response to kill someone. If that is true, then there probably are many potential "right" responses when our emotions and thinking patterns are involved!**

- **<u>Ignoring the Positive</u> – Sometimes we don't even recognize positive things when they happen. We either ignore them and throw them away or sometimes we can even take positive things and distort them to mean negative things–then hold onto those! It's like a person who can't see the positive and spends 50 years looking at the negative–not because that is all they ever got but because it is all they ever held onto or acknowledged. After 50 years, you would have a pretty negative view of life and yourself, and say nothing good ever happened. This wouldn't be true of course, because the good things that happened to them always ended up in the trash can or got distorted to be a negative!**

- **<u>Catastrophizing</u> – We often think that if something bad is going to happen it will be the "worst thing that's ever happened to us." We anticipate negative consequences and think they are going to be catastrophic. Most of the time the reality is much less severe, and the catastrophe is actually very improbable! But some anticipate and look for the absolute worst nonetheless!**

- **<u>Overgeneralizing</u> – "One bad apple spoils the whole bunch." We see this when people have one negative experience with a person or place and now think that everyone or everything associated with that person or place is bad. This is not uncommon in a bureaucracy is it? A consumer may have one bad experience and now everything that agency does is bad or no one that works at the agency cares. The truth lays typically somewhere closer to the middle. Obviously all people and all places make mistakes, but that doesn't mean they are all bad.**

- **<u>Personalizing</u> – When something happens to us, we naturally take it personally even if it wasn't meant that way. Have you ever had someone stare at you in public?**

Have you ever been lost in thought and found that *you* were staring at someone in public? It wasn't personal was it? Sometimes people cut in front of us in traffic–we take that as a personal affront. Do you think they really meant it personally toward us? We are the "sun in our own universe," but we have to remember that we are *not* the sun in other people's universes–what they do and say is most often not about us yet we commonly think that it is about us.

- **<u>Emotionalizing</u> – When we have a negative emotion, we then define ourselves by that emotion. This is the idea that "we are what we feel," when actually our emotions change and have a wide range. We are not defined *by* our emotions, we can define them!**

- **<u>Should Statements</u> – This is using the "all or nothing" thinking against ourselves. By saying the word "should," there is a judgment underlying that message. Saying that you "should" do something differently implies you did it wrong. Using the word "could" is very different–no judgment implied. Saying you "could" do it differently implies that there are many right ways to do something.**

Do you have any questions, comments or observations about the common cognitive distortions?

Allow participants to reflect and respond.

<u>Coping Skills</u>

Now we're going to do a brainstorming activity. Just complete the following sentence, "As a child, when I was overwhelmed with emotion I would…"

Write the sentence on the board or easel. Record all their responses and encourage them to generate as many as possible. You will find that these tend to be less adaptive coping skills.

Okay, now that we have that, let's change it a little. Now I want you to complete the following sentence, "As an adult, when I am overwhelmed with emotion I…"

Again, allow them to come up with as many answers as they can and record them on the board or easel. You will find that the list is very similar to the child's list.

What do you notice about these two lists? They are pretty similar aren't they? Seems like you are still using the same coping skills you learned in childhood, and many of them tend to not be very adaptive as adults! This is very common in sexual trauma survivors-they tend to keep using the same coping skills, whether they are fully effective or not. This is partially due to the fact that no one has taught them any new coping skills, or they never had the more adaptive skills modeled for them.

Since we now know that you don't use many adaptive coping skills, why don't we generate a list together of some more adaptive coping skills that you might be able to use in the

future? Remember that this list is more of a laundry list of things that anyone could do. Some may or may not work for you so it is important to make your own personal list of things that will work for you. So let's start, what are some more adaptive coping skills people use?

Make as long a list as they can, you may have to add some to keep it flowing.

I have a few handouts here of lists made by other people or found in books. They are much more exhaustive so they might have more ideas for you. Please read through these lists at home and add to your own personal list.

Give handouts on positive coping skills. ("Adult Pleasant Events Schedule," Emotion Regulation Handout #8 by Linehan, 1993 or *Courage to Heal Workbook* page 68)

We've talked a lot about negative emotional experiences. One way to decrease negative emotional experiences is to increase positive emotional experiences. Every moment of joy and pleasure or positive emotions you experience adds to your overall happiness. Remember that happiness is a journey, not a destination. We have to work actively to create it moment by moment. Let's talk about ways to increase your positive emotions by looking at the next handout.

Review and discuss the "Steps for Increasing Positive Emotions" Emotion Regulation Handout #7 by Linehan, 1993.

<u>HANDOUTS</u>

Common Cognitive Distortions
Emotion Regulation Handouts #2, 5, 7, 8, 9 and 10, Linehan 1993
Ways to Cope With Stress

<u>HOMEWORK</u>

Thought Record

Courage to Heal Workbook:

"Dealing With a Crisis"	pages 64-88
"Coping: How Did I Survive"	pages 144-163

E. ANGER

GOALS

In this section, participants will learn to:

- Recognize, identify and define anger
- Understand the differing levels of anger
- Accept anger as a normal response
- Channel anger appropriately

MATERIALS NEEDED

Dry erase/chalkboard/large easel paper
Blank paper
Crayons or pastels

SESSION CONTENT

Recognize, Identify and Define Anger

I want to start today with a drawing exercise. On the table there are blank pieces of paper and crayons. I want you to take a piece of paper, and then draw a picture of your anger. It can be anything you want it to be, it just needs to represent your anger.

Try not to give too much guidance. Encourage them to draw it in any way they can.

Let's look at the pictures and share our thoughts about them. I want you to share your picture with the group-describe the picture to us and tell us how that represents your anger. Who would be willing to share first?

Let each person share their picture and describe, make therapeutic comments as appropriate.

You guys did really great with that exercise. Had you ever thought about your anger? What have you been told about anger in your life?

Wait for responses from the group. Be sure to engage in the discussion with the women's group about the appropriateness or inappropriateness of anger for women.

Everyone has an internal signal or warning that they are angry–some people get headaches, others get sick to their stomach. What is your internal signal that you are getting angry?

Discuss

Understanding the Differing Levels of Anger

There are varying degrees of anger, but often survivors of sexual trauma don't recognize the differing levels. Let's do an exercise to look at that. It's called the Anger Thermometer.

Draw a vertical thermometer on the board or use the enclosed handout, practice this in advance as it can look very phallic!

Down here at the bottom are lower levels of anger and at the top here we'd find the higher levels. Let's think of some "anger words" and put them where we think they might go on the thermometer, high, middle, low. It's important to recognize that sometimes one person may put one word lower than another person might, so this is not an absolute. Think of some anger words and share them, then tell me where they go on the thermometer.

Let participants share different words and graph them on the thermometer as you go. An important aspect of this exercise is to recognize that there are levels of anger, we don't typically go from zero to rage.

<u>Why Do We Have Anger?</u>

As we discussed before, we have all emotions for a reason. Why do you think we have anger?

Let participants brainstorm about this.

Anger is often another warning signal. When we get angry, we know that something is not right. Anger is typically a secondary emotion-that means that we feel something else *first*. We feel hurt by something someone said to us, then we get angry. Anger is not usually the first emotion felt in a situation, but often because it is so overwhelming it is the only one people recognize. As a secondary emotion, anger then is "taking up for us," bringing light to the fact that something isn't right. It is also a very energizing emotion. Unlike depression or sadness, anger has energy. This is very helpful because it gives us the energy to respond or do something about the situation. Anger's energy is good news and bad news–it gives us the energy we need to respond to the situation, but it is also uncomfortable physically to feel that level of energy. What physical signs do you get when you are angry or after you have been angry?

Let participants brainstorm about this.

Many times people confuse the emotion of anger with the resulting behaviors from anger. We may think that anger is not appropriate because it results in people behaving aggressively. It is very important to separate the emotion from the behavior. Have you ever been angry and not been aggressive? It is possible to have the emotion without any resulting negative behavior. This is very helpful to really understand, because having anger is a normal, healthy human response. Behaving aggressively or hurting others is not healthy. We must learn to embrace the anger and control the behavior. Can you share examples of times that you were angry and did not behave inappropriately?

Let participants brainstorm about this.

Channel Anger Appropriately

When we continue to engage in a behavior even though it isn't the best choice, there is typically a reason why we do it. Sometimes people hold onto an emotion to keep from feeling something else. For instance, maybe it is easier to be angry than to be sad, so you stay angry. Or, sometimes if we are angry people don't want to be around us so we feel safer. What do you think anger does for you?

Discuss and allow all participants to think about this question.

Our society often uses language that is not appropriate. We often say "he made me angry" or "she pushed my buttons." We say these things as though we had no choice in the matter, that our anger is the responsibility of another person. "The devil made me do it." Actually, we *are* responsible for our anger *and* our behavior when we are angry. One way to help ourselves deal more effectively with anger is to think about the types of situations that lead us to feel anger. What types of situations commonly lead you to feel angry?

Brainstorm about anger triggers and write them on the board.

Different people respond differently to anger. Some people act out aggressively, some people "stew" in their anger, and some people "stuff" their anger. What do you usually do with your anger?

Allow participants to respond.

Sometimes people avoid feeling their anger or expressing their anger because they are afraid of what they might do. Sexual trauma survivors almost always have a lot of anger, whether they experience it directly or not. Most survivors also feel that if they allowed themselves to feel the anger or sadness about the trauma, a flood of emotion would overcome them and they would never return to normal. They often fear that experiencing those feelings will cause them to "break down" and never be able to put themselves back together.

While this is a common fear, there really isn't much fact in the fear. If you think about the idea of a flood or of a retaining wall that represses the water, pressure builds behind the wall. If you do nothing the pressure will cause leaks or cracks in the wall eventually, which then compromises the strength of the wall and it will break. But if you consciously and purposely take down the wall, there surely will be the initial flood of water so deep that you think it will never stop. Eventually, however the pressure of the flood goes away, the water calms down and there is no longer the rush of overcoming water. Waves of the ocean are very similar. At times you feel like you can never withstand the wave, but then it recedes. Anger is very much like that. What do you think or fear might happen if you allowed yourself to feel anger and to express anger?

Allow participants to respond and normalize their fears as well as respond to the rationality/irrationality of the fear.

Coping With Anger

We've learned a great deal today about anger and why we have anger. It is important to recognize that we need anger. It is an effective warning signal to help us know when something is wrong. So we don't want to get rid of it completely. Since we don't want to get rid of it, and we know that it is a normal human emotion that we all experience. We need to find a more effective way to cope with anger or express it more appropriately. Let's brainstorm again. What have you done in the past, or what have you seen other people do with their anger that seems more adaptive or effective?

Let participants respond and make a list on the board for all to see.

That is a great list. I also have a few handouts with ideas from other sources of more adaptive things to do when you are angry. If you make a personal list, it can be very helpful. When we are angry, it is often difficult to think of what is appropriate to do. So if you make your own list in advance–all you have to do is find your list! Each person is different, and will have a different list of things they like to do or experience as effective in coping with anger. One of the most important things to remember is that you need to do *something* with anger. It has a very real energy in the body and will not be denied expression–it will come out somehow! It is better for you to be in control and choose how you want it to come out!

HANDOUTS

Anger Thermometer
Ways to Deal With Anger
Guidelines in Dealing With Angry Feelings

HOMEWORK

Thought Record for Anger
Write a letter to the perpetrator, non-protecting parent, or the military to express your anger.

Courage to Heal Workbook:
"Anger" pages 315-339

F. SELF ESTEEM

GOALS

In this section, participants will learn to:

- Recognize ways they undermine their self esteem
- Understand how low self esteem impacts their lives
- Learn new ways to build self esteem

MATERIALS NEEDED

Dry erase/chalkboard/large easel pad
1 roll of toilet paper (with perforated squares)
Blank paper
Crayons or pastels
Index cards

SESSION CONTENT

Toilet Paper Exercise

Today we're going to start with another game. I have a roll of toilet paper here, and as you know toilet paper comes in perforated squares. I'm going to pass the roll around the room, and I want you to take as many squares as you would like. I'll start.

Do not give any more direction than that, if they ask how many tell them it is up to them. As the leader, I typically take three or four.

Okay, now everyone count how many squares you have. I will start this exercise. What I want you to do is give a positive quality about yourself for each of the squares that you have. I have taken 4 squares, so I will share 4 positive qualities I see in myself. (Give positive qualities about yourself that are more standard and not too self-revealing, and qualities they want in a therapist–i.e. I am trustworthy, I am loyal)

Have each person in the group give their positive qualities. If someone has taken a large number of squares and can't come up with enough, have the group help them. But allow this only after they have struggled sufficiently to come up with their own.

It seems hard for many of you to find or focus on your positive qualities. Many of you have no problems sharing your flaws and faults, but this is a little more challenging isn't it? I wonder why that is?

Allow them time to ponder that question whether they respond or not.

Draw a Picture of Yourself

Now we have another drawing activity. The paper and crayons are available on the table. I'd like for you to draw a line down the middle of the page. On the first side I want you to draw a picture of yourself before the abuse/assault occurred. On the second side I want you to draw a picture of yourself after the abuse/assault. Again, it is best not to make this a work of art but more an expression of your thoughts and feelings. After everyone draws their pictures we will share them with the group.

Allow everyone time to complete their pictures, then ask for a volunteer to start the sharing process.

Tell us about your pictures, describe them to us.

After everyone has shared their pictures, you can move on to the next exercise.

Thank you so much for sharing the pictures, I know that was hard for many of you. You all did a great job!

Messages From the Perpetrator

Often there are messages from the perpetrator that impact how survivors view themselves. Sometimes these messages were spoken directly to the survivor, and other times they felt the message was implied. Regardless, these messages can have a significant impact on how you view yourself and the abuse/assault. What messages can you remember that came from your perpetrator?

Brainstorm and share-have each member write their messages on their own sheet of paper.

Now I want you to take a look at your list. What messages there do you still believe? Put a checkmark next to the ones that you still believe.

Hand out one index card to each group member.

I want you to take a few minutes and think about these messages. Your perpetrator still controls you, your view of yourself and your view of the assault through these messages. I want you to take the control back from the perpetrator. I want you to control your view of yourself and the assault. Take the index card and write out three affirmations to counter the messages you believe from the perpetrator. An affirmation is a short, positive statement about yourself or the situation. They shouldn't be too long or they will be harder to use. Take a few minutes to write out three positive affirmations that reframe or contradict the messages from the perpetrator.

Allow them time to write their affirmations.

Does anyone want to share their affirmations?

This is not necessary, but some may want to talk about it.

Now I want you to keep that index card. I want you to read it three times per day, every day for two months. If you think about the messages from the perpetrator as a recording in your mind, we are going to erase that recording and record a message you have chosen instead. It is important to read it or say them to yourself at least three times per day. You will be surprised at how much that will change your view!

Bill of Rights

I want the group to create their own "Bill of Rights." We are all familiar with the U.S. Bill of Rights and how we all have certain "inalienable" rights. As survivors, you too have certain inalienable rights. Let's make a list of what those are. Complete this sentence with your "rights," "As a survivor of sexual trauma, I have the right to…"

Brainstorm the rights and record them on the board.

This is a great list of rights. I will type these up and give a copy to each of you next week. Keep this list in a prominent place for yourself.

HANDOUTS

Give a copy of their "Bill of Rights" next week.

HOMEWORK

Read index card three times daily.
Write a list of strengths and weaknesses–be objective!
Have each member bring a picture of themselves at the age of the abuse/assault to group next week

Courage to Heal Workbook:
"Nurturing Yourself" pages 89-97

G. TRUST

GOALS

In this section, participants will learn to:

- Identify how sexual trauma impacts trust
- Learn more about trust and the varying degrees of trust
- Learn how to identify and deal with their own trust issues

MATERIALS NEEDED

Dry erase/chalkboard/large easel paper
Blank paper
Crayons or pastels

SESSION CONTENT

Trust can obviously be impacted by sexual trauma in many ways. There are many things to "trust" in this world–we can trust ourselves, we can trust the world in general, we can trust other people. If you've experienced a sexual assault, all those levels of trust can be impacted. You may doubt yourself and your ability to manage things, thus not trusting yourself. You also may doubt the world in general, your ability to be safe in this world, or believe that the world does not respond to or meet your needs. You can also begin to doubt other people, not be able to trust other people, or allow yourself to be vulnerable to other people.

How has your experience of sexual trauma impacted your ability to trust and to know who you can trust?

Allow participants to respond.

I'd like for you to think back to how you felt about trust before the assault. Can you remember then? What was it like to trust others then?

Allow participants to respond.

Sometimes we begin to think that trust is an all-or-nothing thing-we either trust someone or we don't trust someone. What do you think, is trust all-or-nothing?

Allow participants to respond.

Trust is actually on a continuum. We can trust someone 100%, we can trust them a little bit, or we could not trust them at all. Likewise, we may trust the world completely as a safe place, a little bit as a safe place in some situations, or not at all in any situations. Most trust lies somewhere in the middle. It's unusual to trust someone 100% with anything and

everything. It's also very unusual (and maladaptive) to trust the world 100%, that it will always be a safe place for us. Typically, there are people in whom we have varying degrees of trust. Let's focus on that for a few minutes, think about who you trust and how much. I'd like for each of you to take a piece of paper and write down the names of the significant people in your life, this might even include people in this room. Then I want you to think about how much you trust each of those people, actually put a percentage from 0-100. Take a few minutes to do this exercise.

Allow participants time to complete their sheet of paper.

How'd you do? Is there anyone on your list that you trust 100%? What are the averages in the amount of trust you place in others?

Allow participants to respond.

There's a wide variety isn't there? Some people we trust more than others, some we don't trust at all. Now I want to challenge you a little bit. Think about a few of the people on your list–how many of them do you think are *more* trustworthy than you allow yourself to trust them? In other words, maybe you have no reason not to trust them but you rated them low just because you don't trust anyone–does anyone notice that in their pattern?

Allow participants to respond.

This is an important point about trust. There are two aspects to any trusting relationship: how trustworthy the person is and how much we are able to trust. Experiencing sexual trauma can really impact our ability to trust, but doesn't necessarily impact how trustworthy a person is.

Similarly, sexual assault can impact our ability to trust the world to be a safe place, but the safety of the world doesn't really change much. There are always situations that are basically safe and situations that are basically unsafe. What changes are our perceptions–it's quite logical that after experiencing a sexual assault you might question how safe the world is. How has the sexual assault impacted your sense of safety in the world?

Allow participants to respond.

In most of these trusting instances, what has changed is you, not the other person or the world. When something bad happens to us, it's natural to question safety issues and try to determine how we can prevent it from happening again. That's a very adaptive quality! But sometimes we go too far-we don't trust anyone or anything, and that can be very costly. What can that cost a person?

Allow participants to respond.

And, sometimes people get themselves in dangerous situations because they trust too much. Maybe a person never thought about whether they were safe walking alone at night

because they trusted too much. Or, maybe a person never questioned the intentions of another person, and went with them in a car alone, again trusting too much. It really seems that trust at either extreme may not be the best idea–but finding moderation is better.

Many people don't realize that trust is on a continuum as we said before-they either trust or they don't. If you really begin to evaluate it, you've actually trusted some even if you didn't know it. You trusted us enough to be here, to come to treatment, to share part of yourself here. Usually people have trusted more than they realized-because they didn't perceive it or label it as trust, but it is trust nonetheless.

The next issue is how to build trust. What does it take to trust someone?

Allow participants to respond. Common responses include time, past experiences with the person, honesty, etc.

We're not going to trust a new person 100%, or it wouldn't be very wise to do so would it? Trust is something that is built, like a brick wall. You just add one brick at a time. In the beginning it is more fragile and not strong, but as time goes on and you keep adding bricks, suddenly you have a solid brick wall that is very firm. This is how trust is built. Sometimes people give us reason to believe they are not trustworthy, what do we do then?

Allow participants to respond.

It is very important to take in feedback in the trust loop, just as in any other situation. If we avoid the feedback–the obvious fact that they have betrayed your trust in someway–then we set ourselves up to be hurt even further. It's like the old saying "fool me once shame on you, fool me twice shame on me." We need to learn from relationships, take in the feedback and determine if we want to keep building this brick wall or, if the integrity of the wall is destroyed, then we can build another wall somewhere else.

Most victims of sexual assault have difficulty trusting at all. It's hard to allow yourself to be vulnerable to another person-it's scary. Sometimes, however, some victims have difficulty allowing themselves to be selective in trust–they give their whole life story right upfront. Both of these situations can be costly as we've discussed.

Let's try a little exercise about trust, it's called "Wind in the Willows." Let's stand in a small circle together. I'll go first to show how it's done. Each person in the circle is responsible for my safety in this exercise, and I'm going to have to trust you to take care of me. I will stand in the center of the circle, with my eyes open or closed. It is important to stand erect and rigid, like a board, but again it takes some trust to do this! I will cross my arms across my chest to protect myself. I will ask if everyone is ready by saying, "Am I safe?" If you are ready for me then you respond, "you are safe." I will then allow myself to fall backwards into your hands and you can pass me around the circle while I continue to be rigid like a board. When I'm ready to stop I'll say "stand me up," then you stand me

up, put your hands on my shoulders, ask me, "are you safe?" and when I respond, "I am safe," you can release me.

Do the exercise with the therapist going first, and allow participants to "challenge by choice" meaning they get to choose if they will do this or not. Some may choose not to be in the circle because they don't trust themselves–this is fine. But it will be very important to process all the information at the end.

After everyone who wants to participate has participated, sit down and process what that was like for everyone, those who participated and how each role felt, and those who didn't participate and why. Fully process this experience before moving on. Pay close attention to issues of trust–in trusting others and trusting themselves.

<u>HOMEWORK</u>

Courage To Heal Workbook:
"Learning to Trust Yourself" pages 274-301

H. RELATIONSHIPS AND INTIMACY

GOALS

In this section, participants will learn to:

- Identify how sexual trauma impacts relationships, both past and present
- Identify how sexual trauma impacts sexuality
- Learn how to gain more awareness and control in their relationships

MATERIALS NEEDED

Dry erase/chalkboard/large easel paper
Blank paper
Crayons or pastels

SESSION CONTENT

Let's talk about relationships. How do you think sexual trauma impacts relationships?

Let the participants brainstorm and write their ideas on the board.

We've talked about trust and how sexual trauma impacts trust. Obviously trust plays a significant role in relationships. When you are in a relationship, intimate or not, you put yourself in a vulnerable situation. The degree of vulnerability depends on the level of intimacy in the relationship. It's scary to feel vulnerable. When we feel vulnerable, often we do things to protect ourselves. How have you responded to feeling vulnerable? How have you protected yourself in the past in relationships?

Let participants brainstorm.

Sometimes, we also enter into relationships that re-create a pattern in our life. A person who has been abused as a child might select a friend or mate that is abusive to them. Why do you suppose we do that?

Let participants brainstorm, but be sure to discuss issues of familiarity, fear of the unknown, selecting people who reinforce your own beliefs about yourself, etc.

It is very important to understand why we select certain people to be in our lives. Sometimes we don't even realize that *we* are the ones who select people to be in our lives. Did you know that was under your control?

Allow participants to reflect and respond.

Sometimes, as we discussed, we select relationships to re-create a pattern of abuse or neglect, to reinforce a sense of negative self esteem, and sometimes even because we might

be scared of a relationship that is different because it is unknown. Let's talk about why you have selected relationships in your history, and what patterns you have in your selections.

Ask each participant to share at least one thought on how they have selected relationships. Encourage them to look for patterns in their selections.

Now that you have looked at why you might be selecting certain relationships and what relationship patterns you might have, I want you to think about what it is you really want. Are these the types of relationships and relationship patterns you *want* in your life?

Allow participants to reflect and respond.

What would it be like if you made the decision to select different types of relationships? What if you selected people who were supportive of you, people who encouraged you, people who challenged you to be your best? What would that feel like?

Allow participants to reflect and respond.

Why would a person not want to select positive people in their lives?

Allow participants to reflect and respond.

What do you want in a relationship? How do you think you can best get that in a relationship?

Allow participants to reflect and respond.

We've really been talking in general about relationships. Let's talk more specifically now about sexual relationships. Sexual trauma typically impacts sexuality in one of two ways. Some people respond to it by becoming hypersexual-they have multiple partners. Why would someone seek out multiple sexual experiences and sexual partners?

Allow participants to reflect and respond. Be sure they discuss issues such as looking for validation, love, or a "corrective" sexual experience.

The second way that people who have experienced sexual trauma typically respond is to become asexual or have a loss or decline in sexual desire. Sometimes people go so far as to alter their outward appearance to discourage sexual attention. This is commonly done through eating disorders–becoming so thin that you no longer look like a sexual being, or becoming very overweight so the opposite sex will not be interested. Let's think about this for a few minutes and discuss. Have you altered your appearance in any way to discourage the opposite sex from giving you attention?

Allow participants to reflect and respond.

Even if you are in an intimate relationship, sometimes it is very difficult to engage in sexual activity. This is even more pronounced if your partner has any similarities to your perpetrator, or if the sexual contact or sexual act bears any similarity to your attack. It is important to not underestimate the impact of a similar touch or request for a similar act. How have you handled this in the past?

Allow participants to reflect and respond.

How do you think this could be handled in a positive fashion?

Allow participants to reflect and respond. Be sure to include the importance of communication with the sexual partner about likes and dislikes.

What are some ways that you can help yourself to have a healthier sexual relationship?

Allow participants to reflect and respond. There are many solutions to the problem. Be sure to include the importance of being in the present, being able to stay in this moment and not flash back to the abuse. This can be accomplished by keeping the lights on, keeping their eyes open, using verbal communication to stay present, etc. Communication with the partner is again a crucial piece of the puzzle.

What if you don't want to have sex-you have no drive or desire-how can you deal with that?

It is important to give the participants the *power* to decide whether they have sex or not, since the attack took that power from them. Some may decide to be non-sexual, and that is a normal choice for some survivors. It is important that participants realize that they get to make the decisions on how they behave sexually, and that whatever choice they make is okay. If they are in a relationship, obviously communication is going to be the key again.

What do you want to do differently in your relationships, both sexual and non-sexual, in the future?

Allow participants to reflect and respond.

<u>HOMEWORK</u>

Courage to Heal Workbook:
"Dealing With Your Family Now" pgs 367-414

I. BREAKING THE SILENCE

GOALS

In this section, participants will learn to:

- Speak out about their sexual trauma experiences
- Offer support to each other through witnessing other stories

SESSION CONTENT

Secrecy is what keeps sexual trauma going, both during the time victims are being abused and afterward. Many participants will have kept their abuse secret for many years, if not a lifetime. Speaking out is a very powerful key to recovery, but something that each participant has to decide for themselves.

In previous sessions I discuss the upcoming opportunity to share their story. I tell all participants that this is a "challenge by choice"–therefore they have the choice to tell their story or not tell their story, it is completely up to them. I do encourage them to tell their stories, noting that they get out of the group what they put into it-if they tell their story they will benefit more than if they choose not to tell their story.

In previous sessions I will have asked participants to think about it, and in the group just prior to starting this phase I will ask for a volunteer to offer to go first. It is difficult to go first because there has been no one to pave the way or set a precedent on how to do this. It goes better if you find out the week before who plans to tell their story next week. You can typically do two per two hour session.

I also request that the patients bring a picture of themselves from around the time of the abuse. While they are telling their story I ask that they pass that around so we can all see who they were. It also helps for them to see a picture of themselves as the "victim," and sometimes makes it easier to let go of the anger toward the victim–yourself.

Today we start a new phase of this treatment–sharing your stories. As we have discussed before, this is a challenge by choice, you do not have to share your story, but those that do share their stories experience greater relief. I asked last week who would offer to go first, so we know who will go first.

Let's talk about how to accomplish this. First, for the person telling their story, remember it is your story and you can tell it in whatever way you choose. It provides the most relief if the person telling the story can include as many details as they can remember. It is also most relieving if you can share what you were thinking and feeling throughout the event. The group and group leaders may ask questions during your story-you have the choice to answer or not.

Now let's talk about those listening. You may think this is a passive role, but you actually play a very important role in this process. Oftentimes when someone is sharing a very emotional experience we want to relieve their suffering in some way. It is important during this group not to do so. We are not here to relieve their suffering, but to be a witness to their story. I ask that you do not invade the personal space of any member, touch or hug them in any way during the story. If you choose to connect after the group that is fine, but during this phase, we need to stay in our own space. This may be more challenging than you think!

Being a witness is very important. You, as the storyteller, will each be sharing very intimate details of your lives, and, as a group, we need to listen. We need to validate you by hearing you. We also need to support you by letting you feel your own pain and work through it, not to take the pain away.

Positive feedback will be different in this phase of the group. Instead of offering positive feedback to each person, we will all focus our feedback on the person telling their story.

After the session, if time allows, we will do some sort of relaxation technique–deep breathing, visualization, etc. Listening to the story as well as telling the story can be very anxiety provoking, so we'd like to take an opportunity to calm down before everyone leaves.

Let the first participant share their story. Ask questions as needed to guide them to sharing as many details, emotions and thoughts as possible, but not too many questions. This should primarily be them telling their story.

At the conclusion of the story, the therapist should be the first person to provide positive feedback. Make whatever genuine and real comments you can make in support of that person, and then allow each group member to briefly give them feedback as well.

If a second person is sharing their story today, you will need a short break between stories.

When sharing stories is completed for the day, offer some form of relaxation technique, given what time allows. You can use deep breathing, deep muscle relaxation, or visual imagery. You can do this yourself or utilize a favorite relaxation tape. Most of the participants will have an increase in anxiety subsequent to the telling of stories and it is helpful to relieve some of that before they leave the session.

Continue this process with each successive group until all group members have had the opportunity to share their story.

<u>HOMEWORK</u>

Courage to Heal Workbook:
"Breaking the Silence" pages 234-255

J. CONFRONTATIONS AND FORGIVENESS

GOALS

In this section, participants will learn to:

- To help participants evaluate whether a confrontation with the perpetrator is appropriate for them
- To help participants learn about forgiveness

SESSION CONTENT

Confrontations are an important thing to discuss when dealing with sexual trauma. They are typically an opportunity for the survivor to confront the perpetrator. This can be accomplished in many ways, but is not for all survivors. It is not necessary for you to confront the perpetrator for you to heal, but some may choose to do so.

There are several different ways to confront a perpetrator. You can do a face-to-face confrontation where you go to them and tell them what you remember. You can also confront by writing a letter to the perpetrator–and either choose to send it or not send it. You can also confront the perpetrator through an "empty chair" technique–pretending they are present and saying what you want. You may think of other ways to confront as well. Are there any other ways you can think of?

Allow participants to respond.

When evaluating whether you want to have a face-to-face confrontation, it is important to think about several things.

- **Is the perpetrator still alive, do you know how to find them? Obviously, if the answer to that is no, you cannot confront your perpetrator face-to-face.**

- **If you confront them face-to-face, will you be safe?**

- **What do you want to accomplish by confronting them face-to-face? You should only confront face-to-face if *you* control the outcome of the confrontation. If what you want to accomplish is dependent upon the perpetrator and their actions, then you are at risk and they have power over you again. For instance, if you want them to apologize to you and admit their wrongdoings, you will likely be disappointed and frustrated because few perpetrators ever admit and take responsibility for their actions. If, however, you want to confront them just because you want them to know that you remember and you hold them accountable, and you are not dependent on their response, then you are in control of the outcome. You should only have a face-to-face confrontation if you can do so safely and with you in control of the outcome.**

Is anyone here considering a face-to-face confrontation?

Allow participants to respond and discuss.

Face-to-face is not the only way you can confront. You can also make yourself heard in other ways. You can write a letter to the perpetrator, telling them everything you would like to tell them in any fashion you'd like to say it. Then after writing it, you can choose to send the letter or not. Again, if you choose to send the letter, you need to assess you ability to remain safe after you send it.

You can also confront the perpetrator through the "empty chair" technique. You can sit down with an empty chair in front of you and pretend that the perpetrator is there, and then tell the perpetrator everything you would like to say to them. This is obviously a much safer way to confront than face-to-face confrontations.

Any of the confrontation techniques can be successful and provide some relief. Often the perpetrator is deceased, in which case you cannot have the opportunity for a face-to-face confrontation. One of the other techniques, however, can provide a great deal of relief as well.

Just remember, the goal of confrontation is for you to express yourself and say what you need to say, *not* for the perpetrator to take responsibility and apologize.

What do you think about the different ways to confront, and whether you would like to confront or not?

Allow participants to respond and discuss.

<u>Forgiveness</u>

As with confrontation, forgiveness is not required for healing from sexual assault. You do not have to forgive your perpetrator, and may never choose to do so. That is fine, you can heal nonetheless. Some people, however, feel that it is important to find forgiveness so they can move forward. While we don't have the time to really go through the theory and practice of forgiveness in this group, we can talk a little about it.

Forgiveness is something that you can accomplish with or without the other person there– just like confrontations. Forgiveness is not about telling the other person that what they did was okay, because obviously no survivor could ever truly say that. It is also not about forgetting. What do you think forgiveness is about?

Allow participants to respond and discuss.

Forgiveness is about *you*. It is about you taking the power and control of your life back from the perpetrator and not letting them determine your future any longer. It is about you letting go of the negative emotions that hinder you from moving forward. It is about

you being free from them and the hold they have had on you for years. It is about you being healthier.

Obviously forgiveness does not come to us overnight! It can take a long time to truly get to the point of forgiveness. Some religions emphasize forgiveness, and have ways to help people find forgiveness. Any tool or technique that you have found successful in the past can help you here too.

Just remember–it is not necessary to confront or forgive your perpetrator–this is about you finding your way to a healthier and happier life. It is *not* about them!

HOMEWORK

Courage To Heal Workbook:
"Confrontations" pages 340-366

K. ASSERTIVENESS AND BOUNDARIES

GOALS

In this section, participants will learn to:

- Recognize the distinction between healthy and unhealthy boundaries
- Identify the importance of setting and keeping health boundaries
- Identify the difference between passive, aggressive and assertive behavior
- Recognize the importance of assertive behavior
- Know how to behave in an assertive fashion and set appropriate boundaries

MATERIALS NEEDED

Dry erase/chalkboard/large easel paper

SESSION CONTENT

Sexual trauma often impacts the ability of the survivor to set appropriate boundaries between themselves and others, and to behave in an assertive fashion. When a person is sexually assaulted, their boundaries are violated in an extreme and violent manner. While they want to keep their boundaries safe, they are unable to do so. This impacts the ability to later set and keep appropriate boundaries. The survivor may respond by setting more or less rigid boundaries for themselves.

Sexual trauma also impacts the ability of the survivor to behave in an assertive fashion. Typically, survivors become either more aggressive or more passive in their responses to others. The aggressive response is a rigid attempt to keep oneself safe. The passive response is an attempt to avoid confrontation, or because self worth is damaged and you don't feel worthy of being assertive or aggressive. Over time, however, the passive response often leads to a very aggressive response when you have "had enough." This usually comes about in a very dramatic and angry display.

Boundaries are limits where we define where we begin and end, and where others begin and end. They are also limits to what we are willing and not willing to do, behavior we will or will not engage in. Sexual assault is obviously a boundary violation, which impacts the survivor's ability to define their own boundaries and set them.

Sometimes it is difficult to keep yourself separated from the pain or suffering of others. Sometimes it is difficult to not give in to what others want, thus allowing yourself to be "taken advantage of" in some situations. Sometimes it is difficult to even define yourself as a separate and complete entity. The other side of this dilemma, however, is having such rigid boundaries that you are so separated from others that you feel alienated, isolated, and alone.

Let's think about your boundaries for a few minutes. How well do you set and keep your own boundaries? Which way did you respond to the boundary violation? How did your sexual assault impact your boundaries?

Allow participants to respond and discuss.

It is important to be able to define ourselves as separate entities from others, to distinguish ourselves and our importance as separate from others. It is also important to be able to connect with others.

What are the costs and benefits to having very fragile or non-existent boundaries?

Allow participants to respond and discuss. Be sure to explore how they are more likely to get violated if they do not have firm boundaries, and that they may continually repeat the cycle of abuse–not necessarily sexual in nature. It is also important to discuss the positive intent of having no boundaries in the avoidance of conflict.

Think about the old childhood game of Red Rover for a few minutes. What happened if the boundary where the hands held were very fragile or weak?

Allow participants to respond and discuss, calling attention to the fact that the weak "red Rover" boundary gets singled out for continual challenge and violation.

Now think about the boundary where the hands were very firm and rigid, what happened to that boundary?

Allow participants to respond and discuss, calling attention to the fact that people stayed away from it and avoided challenging or interacting with it.

In life, boundaries are a lot like that. If we have weak boundaries, others can see that and they often seek to take advantage of it so that the person is continually challenged and giving in. When the boundary is very firm and rigid, others will see that as well and avoid dealing with the person, leaving them isolated and alone.

What do you think is a good range of boundaries? How are they most functional?

Allow participants to respond and discuss.

Good boundaries are often like a rubber band. They are solid and complete with no obvious weaknesses or splits, they can "hold things together." They also are flexible and can withstand a challenge, or can be "stretched" if needed without breaking.

What can you learn from this, how can you apply this to your life and the way you set your boundaries?

Allow participants to respond and discuss, making it more personal to their lives. You could give them all a rubber band to help them focus on healthy qualities of boundaries to take with them as a reminder and cue of their own boundaries.

A natural second step with boundaries is assertiveness. In order to be assertive, you need to define your own boundaries to some degree. In the realm of assertive behavior, we typically see three potential responses. The first is passive–where your behavior allows others to make decisions or define where you go–in this situation, the boundaries of the passive person get violated. The second possible response is aggression–where your behavior is very reactive and typically over-responsive. In this situation the boundaries of the other person get violated. The final possible response is assertion–in this situation, both parties can maintain their boundaries without violation. So the passive person has weak, if any boundaries, the aggressive person has rigid boundaries, and the assertive person is again like the rubber band-they have boundaries but they are flexible. Unfortunately, many times we are not taught how to behave in an assertive manner.

Where does your behavior typically fit?

Allow participants to respond and discuss.

What do you think happens to a passive person over time?

Allow participants to respond and discuss, being sure to address to the over-reactivity of going from passive to aggressive.

Let's highlight the differences in these three types of responses or behavior. You are on a date in a restaurant. You order a steak and ask that it be cooked medium rare. When your meal comes, the steak is well done. What would the response be from each of these three categories? Let's start with passive, what is the passive response to this situation?

Allow participants to generate responses.

Right, the passive response is to take the steak and eat it, maybe saying something to your date like "that's okay, I'll eat it" in a defeated manner. Let's explore how the different parties feel when your response is passive.

How do you feel? (Examples are angry, sad, upset, defeated)

How does your date feel? (Examples are frustrated that you ate it, embarrassed, annoyed, etc.)

How does the wait staff feel now that your tip is decreased? (Examples are confused, angry, upset because they didn't know why)

Okay, we have that response down. In that situation it looks like no one leaves happy or content, everyone has some negative response to it. No one benefitted. Now let's talk about the aggressive response. What would that be?

Allow participants to generate responses.

Good, the aggressive response is to yell at the waiter, make demands, cause a scene, etc. Let's see how the different parties feel when your response is aggressive.

How do you feel? (Examples are angry, upset. Sometimes they say they feel better, in which case challenge them to think about how you feel better immediately but later feel bad and have regrets.)

How does your date feel? (Examples are embarrassed, humiliated, angry, etc.)

How does the wait staff feel? (Examples are embarrassed, humiliated, angry, etc.)

Now in that situation, it looks like again no one leaves happy or content, everyone again has some negative response to it. No one benefitted again. Now let's talk about the assertive response, what would that be?

Allow participants to generate responses.

This is a little harder to figure out sometimes. Basically, however, you would state that you ordered your steak medium rare and this is well done and you would like another steak. Let's see how the different parties feel when your response is assertive.

How do you feel? (Examples are satisfied, happy, good, but that there may be some initial anxiety or discomfort.)

How does your date feel? (Examples are satisfied, pleased, happy, etc.)

How does the wait staff feel? (Examples are pleased as they get an opportunity to make it right for you and get a better tip.)

Now in this situation, it seems like everyone leaves feeling pretty good, doesn't it? Everyone was able to maintain their boundaries and get their needs met. No one felt violated. That's pretty remarkable, isn't it? Often times we think the passive response is better because it avoids any conflict and doesn't make a scene–but actually the passive response doesn't meet anyone's needs. All parties leave the situation dissatisfied in some way. Sometimes that passive response meets the immediate need of avoiding conflict, but over time that will build and often leads to aggressive outbursts.

When you look at the boundaries, you see that with the assertive response that everyone was able to maintain their boundaries and not be violated. With the passive response the

passive person's boundaries get violated, and with the aggressive response the other party's boundaries are violated.

Now we need to define in simple terms how to be assertive. There are many aspects of an assertive response. One aspect is the words that you use in your statement, another aspect is how you say it, and a final aspect is your body language. Let's go over some quick tips on these three aspects.

First, let's look at body language. Can anyone show me the body language in a passive response?

Allow participants to show response. This typically includes diverted eye contact, closed body posture, cowering or shrinking from the person, etc.

Can anyone show me the body language of an aggressive response?

Allow participants to show response. This typically includes angry facial expressions, closed body posture, pointing, more animated physical movements, etc.

Now, what might an assertive body language look like?

Allow participants to show response. This typically includes an open and relaxed body posture, good eye contact, etc.

The second aspect we'll review is your voice tone. Let's review voice tones for each type of response. First the passive voice tone, how would that sound?

Allow participants to demonstrate. Typically this includes a shaky, quiet and uncertain voice tone, etc.

Now how might the aggressive voice tone sound?

Allow participants to demonstrate. Typically this includes a loud, demanding or demeaning voice tone, etc.

Finally, how might the assertive voice tone sound?

Allow participants to demonstrate. Typically this is a calm, clear, firm and sure voice tone, etc.

Now that we have the body posture and the voice tone down, let's talk about the wording that you can use in an assertive response. Here are some quick tips:

- **Make a clear, concise, direct statement of your position.**
- **Avoid including too many details, make it a short statement.**
- **Use positive statements, avoid using negatives.**
- **Use "I" statements as much as possible and avoid "you" statements.**

- **If your position is questioned or challenged unnecessarily, simply re-state what you said again (and again and again if needed!).**
- **Remember that you have the right to your position and that you do not have to justify or rationalize it!**

Since this is likely a new skill, let's try some role playing so that you can practice this. Remember that any new skill takes time to develop competence and comfort!

Have members role-play situations in which you can use assertiveness. Some possible role plays are: getting your order wrong in a restaurant, having a neighbor that wants to borrow your lawn equipment, having a friend want to borrow an important personal item, and having a friend/acquaintance try to talk you in to doing something you don't want to do. There are many more but these are good examples.

Assertiveness is an important skill that many people, not just trauma survivors, need to develop. Again, remember that when working on a new skill you need to practice it, that you will make mistakes, but over time it will be more natural and easier. In the beginning, sometimes we realize what the appropriate response would have been *after* the situation. It is important to think about those situations later, because that will help you craft how you want to respond in the future!

L. EXPERIENTIAL LEARNING

During the eleventh group session we utilize some sort of experiential learning. If your facility has available funding, a "ropes course" is an ideal way to accomplish this. We have often taken the group to a ropes course for a retreat day, and that gives a great opportunity to build trust, self esteem and to have fun. However, in most facilities, the funding is not available so we need to create the experience within the group.

There are many resources available online and in print to help you create experiential learning for your group. One site for ideas and direction is http://wilderdom.com/games/. This document cannot detail all the potential "games" you can play, but will list the most common ones we have utilized. The main goal of this part of the group is to work on building trust with one's self and with others, building self esteem and confidence, team building, solidify the things learned throughout the course-and providing a fun experience that can be a benchmark to help participants remember the skills they have learned.

All of the experiences listed here can be researched for complete details on how to lead the activity. It is very important that all experiential learning activities be "challenge by choice" so that each member can decide for themselves whether they want to participate or not, and those choices should be absolutely respected. You can encourage them to participate fully, but respect their boundary when set.

Experiential Learning Activities
(look online for details on how to conduct most of the games)

Trust Fall/Lean - Pair group members and practice falling backwards and allowing the person to catch them

Willow in the Winds – Have all group members in a circle shoulder to shoulder, let group members take turns being in the middle of the circle and falling back, allowing the circle to pass them around.

Minefield – Pair group members, set up a "minefield" of obstacles, have one member blindfolded and the other member has to verbally guide them through the minefield.

Toxic Waste – Group members problem solve how to get the "toxic waste" from one can to another to neutralize it given certain guidelines.

Warp Speed – Group members work together to problem solve how to most quickly and efficiently get an item through every members hands in a specific order.

Touch the Can – Similar to Warp Speed, put a can in the middle of the group circle and time how quickly participants can sequentially touch the can. Have them problem solve how to get the quickest time.

Human Knots – Group members use handkerchiefs to connect themselves in a "knotted" fashion and they have to work together to get untangled. Everyone stands in a circle with a handkerchief in their left hand, they must reach into the circle and grab the end of another handkerchief with their right hand–but it cannot be the handkerchief of the person just next to them in the circle. You cannot let go of the handkerchief at any time. You "win" when the circle is open or in a figure 8.

Traffic Jam – Need at least six people for this game, with six people you put seven dots on the ground in a straight line, put one person on each dot with one dot free in between two sets of three people. The challenge is to get all three moved to the opposite side (for instance, the sequence is: A B C blank 1 2 3
and that needs to become: 1 2 3 blank A B C
The rules are:

Only one person can move at a time.
You can only move onto a blank dot.
You may "jump" another person if there is a blank dot on the other side, but you cannot "jump" more than one person.
You can only move forward (if you start on the left you can only move right etc.).
After each move, each person must be standing on a dot.

Reverse the Pyramid – Get ten floor dots, put in a pyramid with 4, 3, 2, and 1 dots:

```
1     2     3     4
   5     6     7
      8     9
         10
```

The challenge is to move only three dots and change the pyramid direction. The solution is to take dots 1 and 4 and move them on the same line with 8 and 9, then put 10 on top of 2 and 3:

```
         10
      2     3
   5     6     7
1     8     9     4
```

Count the F's – Type up the following sentence on a piece of paper exactly as is and in all caps for each member and ask them to count the Fs. (answer is seven, most miss the F in "of")

FINISHED FILES ARE THE RE-
SULT OF YEARS OF SCIENTIF-
IC STUDY COMBINED WITH THE
EXPERIENCE OF MANY YEARS
OF EXPERTS.

Egg Drop – Partners develop the best container to ensure the survival of an egg dropped a certain distance and then test their product.

FINAL SESSION – CELEBRATION

In the final session there is time for "celebration" of completing the course and the opportunity to say "goodbye." Most groups choose to celebrate with food. During this group it is important to process their experience of the group, what they have learned, and where they go from here. At this time you can determine what each participant's need for further treatment is, and make arrangements for that treatment.

At the beginning of group, and at several points throughout the group, I have reminded members of the "gift exchange" in the final session. Each participant will leave the final session with a memento of the group to help remember their experience. The gift exchange was defined in the opening section of the manual.

PROGRAM EVALUATION

The Trauma Symptom Checklist 40 (Briere, 1996) can be administered
at the beginning of the group, at the end of group and three months after termination of the group to determine self reported benefit by the participants.

It is also helpful to have patient satisfaction data, and we recommend using the Client Satisfaction Questionnaire – 8 (Atkisson, 1990). You could also develop your own questionnaire or use one you are most familiar with.

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